PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031 Please type a plus sign (+) inside this box -> [+] U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/904,568 Applicati n Number **TRANSMITTAL** July 16, 2001 **Filing Date FORM** Johanne Tremblay **First Named Inventor** 1635 (to be used for all correspondence after initial filing) Group Art Unit J. Schultz **Examiner Name** 04780.00001 Attorney Docket Number Total Number of Pages in This Submission ENCLOSURES (check all that apply) After Allowance Communication to Assignment Papers Fee Transmittal Form Group (for an Application) Appeal Communication to Board of Appeals and Interferences Drawing(s) Fee Attached Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Licensing-related Papers Amendment / Response Proprietary Information Petition After Final Petition to Convert to a Status Letter **Provisional Application** Affidavits/declaration(s) Power of Attorney, Revocation Other Enclosure(s) Change of Correspondence Address (please identify below): X Extension of Time Request Terminal Disclaimer Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Michelle L. Holmes-Son, Reg. No. 47,660 Individual name Signature July 9, 2003 Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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Ø I P E	Complete if Known					
FEE TRANSMITTAL	Application Number	09/904,568	7			
UL 0 9 2003 ² for FY 2003	Filing Date	July 16, 2001	- T			
£.	First Named Inventor	Tremblay et al	3 - 4			
Patent fees are subject to annual revision.	Examiner Name	J. Schultz				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1635	TO TO			
TOTAL AMOUNT OF PAYMENT (\$) 420	Attorney Docket No.	04780.00001	\$ B			
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
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Deposit			1	1053	130	1053	130	Non-English specification	
Account Name	Banner & Witcoff, Ltd.			1812	2,520	1812	2,520	For filing a request for exparte reexamination	· .
The Commission	oner is authorized to: (redit any overpayments		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filing fee			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
to the above-ide	ntified deposit account.			1251	110	2251	55	Extension for reply within first month	
	FEE CALCUL	ATION		1252	410	2252	205	Extension for reply within second month	260
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1001 750	1	filing fee		1401	320	2401	160	Notice of Appeal	160
1002 330	2002 165 Design	n filing fee	_	1402	320	2402	160	Filing a brief in support of an appeal	
1003 520	i e	iling fee	_ I	1403	280	2403	140	Request for oral hearing	
1004 750 1005 160		e filing fee	\dashv	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1003	1 2000		_	1452	110	2452	55	Petition to revive – unavoidable	
	SUBTOTAL (1)	(\$) 0]	1453	1,300	2453	650	Petition to revive – unintentional	<u> </u>
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ndependent	- ** = 0	x		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q	
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1202 18 1201 84	2201 42	Claims in excess of 20 independent claims in excess of		1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
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SUBMITTED BY	Michelle L. Holmes-Son	Registration, No. Attorney/Agent)	47,660	Telephone	(202) 824-3220
Name (Print/Type)	Michelle Cyricines Son	2 (folium)		Date	July 9, 2003
Signature	W/Www.We	a space		t to the designation	and this form